

Duhring (L. A.)

NOTES OF A CASE OF DERMATITIS HERPETIFORMIS,
EXTENDING OVER ELEVEN YEARS,

ILLUSTRATING THE SEVERAL VARIETIES OF THE DISEASE.

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[REPRINTED FROM THE PHILADELPHIA MEDICAL TIMES FOR JULY 12, 1884.]

IN the following case the pustular, vesicular, bullous, and papular manifestations of the disease* were all developed on one or on several occasions during the long period the patient was under my observation. The characteristic features of the affection are clearly defined in the history, the notes of which, it may be remarked, were recorded at the time of each examination.

James W., æt. 38, a native of Philadelphia, and a wood-carver by occupation, was admitted to the Philadelphia Dispensary for Skin Diseases, January 16, 1873. According to the notes in the record-book, he was suffering from an imperfectly defined inflammatory, multiform eruption, composed of erythematous spots and patches which had evidently been the seat of previous disease, papulo-vesicles, pustules, and excoriations. It occupied the general surface, with preference for the arms and forearms, sacral region, buttocks, and thighs. The lesions were not very numerous, and were disseminated, except over the sacral region, where a dozen or more formed a conspicuous patch. The disease appeared to be fading away, and, inasmuch as the patient gave a history of having recently had quite active treatment, internal as well as external, and that he had been treated for supposed "secondary syphilis," the diagnosis was for the time being withheld. According to a note, the eruption resembled that resulting from the internal use of the iodide or the bromide of potassium.

He stated that he had been suffering from the disease for five years, and that

while better, and even nearly well, at times, it had never entirely left him; it was the source of great annoyance to him, itched considerably, manifested itself in different forms from time to time, and was apt to appear in distinct crops from week to week or month to month. He was not aware that he had ever contracted syphilis, but several physicians had assured him that the present eruption was a manifestation of this malady.

He was placed upon a simple tonic treatment until the diagnosis might be more definitely ascertained.

January 25.—New pustular lesions have appeared on the buttocks and on the thighs. These are highly inflammatory, flat, and incline to crust in the centre and to spread on the circumference. Alkaline lotions and baths were ordered; also a saline aperient.

February 8.—Considerable improvement, the disease being in about the same state as when the patient first came under observation.

February 12.—New lesions are appearing.

February 19.—The disease has been manifesting itself chiefly on the arms and on the buttocks, new pustules making their appearance from day to day.

February 24.—No new lesions; condition decidedly better.

March 19.—There has been steady improvement since last note. The remedies used during the past two months have been syrup of the iodide of iron; bitartrate of potassium from time to time; and a carbolic acid lotion.

May 12.—The disease continued improving during the last two months until within the present week, when a crop of new pustular lesions began to appear, scattered

* For an account of Dermatitis Herpetiformis the reader is referred to my paper read before the American Medical Association, May 6, 1884, abstracts of which may be found in *New York Medical Journal*, p. 562, May 17, 1884, and in *Philadelphia Medical Times*, p. 603, May 17, 1884.

here and there over the general surface, especially upon the arms, buttocks, and thighs. The patient enjoys average general health, notwithstanding the eruption, which now is abundant, and is unusually active.

It may be described in its present state as a pustular form of disease, the lesions beginning as pin-head and split-pea sized, flat *pustules* with extensive, bright-red areolæ. They increase rather slowly in size, and soon begin to crust over with a yellowish-brown crust, after which they continue to increase in size by new, small, flat, pin-head sized pustules forming on the periphery. This process goes on until the lesions assume the size of a dime or quarter-dollar, when it ceases and a crust covering the whole remains. The crust is adherent from the beginning; if detached, it shows a circumscribed, superficially excoeriated surface, covered with a puriform fluid. Later, at the end of two or three weeks, the crust drops off, leaving a dark-red, infiltrated spot, but no scar. These inflammatory infiltrations are slow to disappear, weeks being necessary for the larger ones to become effaced.

About the buttocks and sacral region and on the thighs the lesions show a disposition to occur in patches, and, moreover, to group, two or three not infrequently existing in such close proximity as ultimately to run together. Over the arms and elsewhere this tendency is not so noticeable; nor are the lesions here so well defined and large as on the back and thighs.

May 26.—The outbreak was at its height when the last note was recorded, since which date the eruption has been steadily declining.

November 3.—The patient has absented himself for six months. He states that he continued to improve through the summer, and that only within the last two months has the disease again become annoying. He was almost free from eruption at one period during the summer. Lately the disease has manifested itself in another form, the lesions being decidedly papular rather than pustular, and in distribution more scattered than formerly, and also much more itchy. Upon examination, the eruption was seen to have changed its character completely and to consist of disseminated, here and there distinctly grouped, variously sized and shaped, imperfectly

formed *papules* and *papulo-vesicles*, which closely resembled eczema. He was again placed upon a preparation of iron, and a saline aperient, the bowels being habitually constipated.

November 18.—The eruption has entirely disappeared, leaving the skin pigmented in dirty-yellowish, brownish spots and patches, and in some places deprived of the normal pigment, dirty-whitish patches existing.

March 3, 1874.—Four months have elapsed since the last note. The disease has during this period been "better and worse." There have been several relapses, which have continued a fortnight or longer and have disappeared as before. The patient has taken arsenic in the form of liq. potass. arsenit. in from two- to four-minim doses, but without benefit. Of late he has been using strong drink in excess, which, he states, is pretty sure to cause an exacerbation of the eruption. A new crop of lesions is to-day making its appearance. The character of the disease has again changed, the lesions now being *vesicular* and *pustular*, especially the latter, similar to the form of eruption that existed a year ago. The single lesions resemble ecthyma, while those in groups or patches bear a close resemblance to pustular eczema.

March 13.—New lesions are here and there manifesting themselves, the neck, lower portion of the back, buttocks, thighs, and arms being the regions chiefly invaded. Iron and arsenic are still being taken, and various antipruritic lotions and ointments have been employed, with, however, but little benefit.

April 3.—The pustular character of the eruption has ceased, and variously-sized herpetic *vesicles* and small *blebs* have lately developed. Many of them are as large as split peas. They appear quite suddenly and are very itchy. The disease has lately attacked the folds of the axilla and the pubes, which regions have become extensively crusted.

April 24.—The surface has again cleared off, only a trace of the former eruption remaining, in the form of primary lesions, but scratch-marks and pigmentation are everywhere present, the whole integument having a dirty, muddy, mottled look. Has been taking arsenic steadily; general health has remained good.

April 30, 1877.—Three years have elapsed since last note, and since the

patient has been seen. The disease still exists, with the same history as formerly, the lesions being variable, papules, pustules, and vesicles occurring from time to time. During the past six weeks there have been several slight relapses and again a change in the character of the lesions, indistinctly defined, flat, variously sized and shaped *papules* appearing together, with here and there ill-defined abortive *pustules* and *papulo-pustules*. These lesions now exist. The patient considers himself, upon the whole, considerably improved. He has been taking the arsenic from time to time, in varying quantity, from one to five minims thrice daily.

January 15, 1879.—A year and a half has passed since the patient was last examined. He states that he has but little change to report. He has not been free of the eruption, and has had two very severe attacks and many slight ones. The severer attacks have continued three or four weeks, while the lighter ones come and go from week to week. He has had the eruption so constantly of late that no particular note has been made as to the occurrence of distinct outbreaks. The lesions have been coming and going without intermission. Within the year the lesions have been for the most part *vesicular* and *bullous*, or, as he expresses it, "they have been blisters of various sizes, con-

taining a clear fluid." They have had a disposition to cluster, but there have also been many isolated, single lesions. They have been very itchy, so much so that he lost no time in scratching and rupturing them. He does not know whether they ever ruptured spontaneously, for he has invariably opened them as soon as they appeared. Lately all regions of the surface, except the palms and soles, have been attacked, the scalp even being the seat of numerous lesions, but preference is still shown for the regions before invaded.

March 2, 1879.—During the past two months he has been better than usual, the most annoyance being due to considerable eruption, vesico-pustular in character, about the scrotum. He has been drinking of late, with the hope, he states, of "bringing out the disease," but thus far without success. He has been better this winter than during any period within the past ten years. He is positive that the various forms of treatment employed have had little or no influence in controlling the disease. He is about as free of the eruption in summer as in winter, the seasons exerting no special influence upon his condition. His general health remains fair, although, owing to his irregular mode of life, he is dyspeptic, and, as a rule, is constipated.

